

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Alain Schweitzer

Confirmation No.: 6630

Serial No.: 10/773,495

Group Art Unit: 2829

Filed: 02/06/2004

Examiner: Emily Chan

Title: Tool Wear and/or Breakage Control Device for a Machine Tool

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attention: Official Draftsperson

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on May 27, 2005.


Jeff Rothenberg
Attorney for Applicant

Date of Signature: May 27, 2005 Reg. No. 26,429

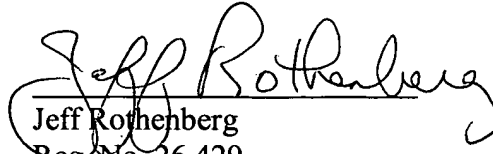
COMMUNICATION

Dear Sir:

Enclosed herewith are three (3) sheets of replacement drawings for the above-reference application.

Entry and approval of these drawings is respectfully requested.

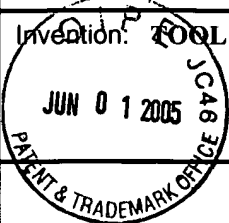
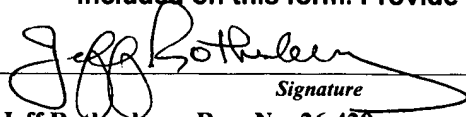
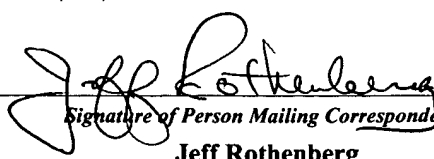
Respectfully submitted,


Jeff Rothenberg
Reg. No. 26,429
Attorney for Applicant

Dated: 5/27/05

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JfW

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. 1759.153	
Applicant(s): Alain Schweitzer					
Application No. 10/773,495	Filing Date 02/06/2004	Examiner Emily Chan	Customer No. 23405	Group Art Unit 2829	Confirmation No. 6630
Invention: TOOL WEAR AND/OR BREAKAGE CONTROL DEVICE FOR A MACHINE TOOL					
 COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	10 -	20 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature Jeff Rothenberg, Reg. No. 26,429 Heslin Rothenberg Farley & Mesiti P.C. 5 Columbia Circle Albany, NY 12203 Tel: 518-452-5600 Fax: 518-452-5579 E-mail: jr@hrfmlaw.com			Dated: May 27, 2005		
CC:			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on May 27, 2005 (Date)		
			 Signature of Person Mailing Correspondence Jeff Rothenberg		
			Typed or Printed Name of Person Mailing Correspondence		